

"PATENT"

AMENDMENT TRANSMITTAL FORM

In re application of: Adcana Richelle Bishop, et al.) Before the Examiner
 U. S. Serial No.: 10/652,390) Prem C. Singh

Filed: August 29, 2003)

For: OXYGENATE TREATMENT OF DEWAXING) Confirmation Number: 3586
 CATALYST FOR GREATER YIELD OF DEWAXED) Group Art Unit: 1764
 PRODUCT) Family Number: P2002J085 US2

Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

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MAY 22 2006

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the
 Commissioner for Patents facsimile number 1-571-273-8300 on the date shown below.

Susan Fleming

Susan Fleming

May 22, 2006

Type or print name of person signing certification

Signature

Date

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$ _____ to extend the time for filing this response until _____.

The fee for any changes in number of claims has been calculated as shown below.

| CLAIMS AS AMENDED | | | | | | |
|------------------------------|--|-------|--|-------------------------|----------|-----------|
| (1) | (2) Claims Remaining After Amendment | (3) | (4) Highest Number Previously Paid For | (5) Present Extra | (6) | (7) |
| Total Claims | * 69 | Minus | ** 63 | 6 | x 50.00 | 300.00 |
| Indep. Claims | * 6 | Minus | *** 6 | - | x 200.00 | |
| MULTIPLE DEPENDENT CLAIM FEE | | | | | | \$ 360.00 |
| FEE FOR CLAIM CHANGES | | | | | | 360.00 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Higher Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this Amendment, including claim changes and any extension of time is calculated to be \$ 300.00.

Charge \$ 300.00 to DEPOSIT ACCOUNT NO. 05-1330.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to DEPOSIT ACCOUNT NO. 05-1330.

DATE OF SIGNATURE

ATTORNEY OR AGENT OF RECORD

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Estelle C. Bakun

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 Pursuant to 37 CFR 1.34(a)

Facsimile Number: (908) 730-3649

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PATENT TRADEMARK OFFICE

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

INTRODUCTORY COMMENTS

This amendment is in response to the Office Letter of March 31, 2006.

Please cancel claim 13 and amend the claims as set forth herein.

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Susan Fleming
Print name of person signing certification

Susan Fleming May 22, 2006
Signature Date



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